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## BIB DATA SHEET

CONFIRMATION NO. 8517

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/589,559	08/16/2006	370	3686	32860-001071/US	
<b>RULE</b>					
<b>APPLICANTS</b> Klaus Abraham-Fuchs, Erlangen, GERMANY; Rainer Kuth, Herzogenaurach, GERMANY; Eva Rumpel, Erlangen, GERMANY; Markus Schmidt, Nurnberg, GERMANY; Siegfried Schneider, Erlangen, GERMANY; Horst Schreiner, Furth, GERMANY; Gudrun Zahlmann, Neumarkt, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/50502 02/07/2005					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10 2004 008 197.2 02/18/2004 GERMANY 10 2004 052 564.3 10/28/2004					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/16/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/JOHN A PAULS/</u> Acknowledged <u>Examiner's signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 8910 RESTON, VA 20195 UNITED STATES					
<b>TITLE</b> Method for carrying out quality control of medical data records collected from different but comparable patient collectives within the bounds of a medical plan					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	